

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047048

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JAN 6 1964

38

Primary Registration District No.

3006

Registrar's No.

885

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>DOONE COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u>		c. CITY OR TOWN <u>JEFFERSON CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEDICAL CENTER</u>		d. STREET ADDRESS (If outside, give location) <u>219 E. ASHLEY ST.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GARY LEE WILBORS</u>		4. DATE OF DEATH Month Day Year <u>DECEMBER 27 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/13/45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSTALLS SWITCH BOARDS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TELEPHONE</u>	
11. BIRTHPLACE (City and state or country) <u>JEFFERSON CITY U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM R. WILBORS</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES H. THESSEN</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>FRANCES</u> Address <u>ASH J.C. Mo</u> <u>MOTHER</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.) IMMEDIATE CAUSE (a) <u>RESPIRATORY & CARDIAC ARREST</u>		INTERVAL BETWEEN ONSET AND DEATH <u>23 1/4 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CEREBRAL HEMORRHAGE</u>			
DUE TO (c) <u>HEAD INJURY IN AUTO ACCIDENT</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>PT. THROWN TO GROUND WHEN CAR SIDE-SWIPED BY 2 SECOND CAR</u>	
20c. TIME OF INJURY Hour <u>12:30</u> Minute <u>00</u> Month <u>12</u> Day <u>27</u> Year <u>63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY 50 E</u>		20f. CITY, TOWN, OR LOCATION <u>LIBERTY TOWNSHIP</u>	
21. I attended the deceased from <u>corner case</u> and last saw her alive on <u>3:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Richard E. Johnson, MD</u> (Degree or title)	
22b. ADDRESS <u>Columbia, Mo</u>		22c. DATE SIGNED <u>12-27-63</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12/30/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	23d. LOCATION (City, town, or county) <u>Jefferson City Mo</u>
24. FUNERAL DIRECTOR <u>Sylvester Dulle</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 28, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.